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Original Articles

THE HYGIENE OF PREGNANCY AND PARTURITION.*

BY GARLAND HURT, M.D., Newport, Ark.

IF we could assume that all child-bearing women were, at the time of conception, in good health and normally developed, their hygienic management during pregnancy and parturition would be greatly simplified, and would accord so nearly with that of personal hygiene generally as scarcely to merit the title of specialty.

Even if it be assumed that the preparation for motherhood begins at birth, we shall be obliged to ignore quite an array of hereditary causes which may, and often do, impede development and impair the vital energies necessary to normal functioning.

We propose, however, on the present occasion to study briefly methods for preventing or modifying the inconveniences, accidents and complications of pregnancy and parturition as usually met with in practice.

The normal or physiologic symptoms of pregnancy are usually well defined and easily recognized, and yet the thought has often occurred to me that if we could have them described to us by a woman thoroughly educated in the science of physiology, she being herself at the time the subject of them, much new light upon the symptomatology of pregnancy might be revealed.

It is also probable that much trouble, anxiety and disease, both in the non-pregnant, as well as those of the pregnant and parturient states, might be obviated by a more thorough knowledge of the anatomy and physiology of their own systems by women themselves, and especially the anatomy and physiology of their reproductive organs. But care should be taken that this knowledge is not gained at the expense of the impairment of physical development, and instead of being healthful, become a fruitful source of the pains and perils of child-bearing, the consequence of nerve strain and mental overwork.

Recent advances in our knowledge of the nature and causes of disease have greatly enhanced the importance of preventive medicine, and suggests its practicability in many forms, but chiefly by avoiding or abating the causes.

It is now generally conceded that most of the infecting causes of disease are from without, and that a *sine qua non* of all preventive effort is cleanliness. A modern writer of popular literature is credited with having said that the greatest difficulty he had encountered in writing a book was to keep out that which ought not to go in, and the idea accords well with professional experience in preventive medicine.

On the subject of sexual hygiene we might study with profit the precepts of Levitical law (Lev., xv., 16 to 33), wherein uncleanness, pollutions, and the methods for purification are defined.

It is, I believe, a generally recognized fact that each cavity of the human body is inhabited by germs or organisms peculiar to itself and normal to it in a state of health. At the same time they are liable to be invaded by organisms from without, and if these should obtain a lodgment, their presence may prove a source of irritation and interfere with the normal functioning of the parts. Hence the importance, especially in gynecology and obstetrics, of keeping out that which ought not to go in, and it suggests that even sexual relations should be conducted under the most scrupulous sanitary precautions.

The most disastrous of these invasions from without are the infecting causes of gonorrhea and syphilis, the former frequently invading not only the urethra and vagina, but the bladder, womb, and contiguous structures, impairing the efficiency of its victims for child-bearing, and often imperiling their offspring with blindness; the latter inflicts indescribable disaster upon both mother and child, and the man who would expose an innocent wife to the contagion of either is unworthy of the relation of either husband or father.

If gestation is complicated with any form of disease, either acute or chronic, it should be cured if possible; but if incurable, the system should be strengthened and fortified against its injurious effects. If the patient is anemic, the cause of the anemia should be sought and corrected if possible; for it imperils the safety of both mother and child, impairing

*Read before the Medical Society of City Hospital Alumni, Sept. 21, 1899.

the strength and vital forces of the former, and retarding the physical development of the latter. The causes of anemia are various, and may be either inherent or acquired. Much will depend upon the success of our efforts to control gastric irritation, which is sometimes very persistent and distressing. It is usually of the class of troubles called sympathetic. Some years ago a patient under my care was so distressed with nausea that an abortion for its relief was seriously contemplated, when some small granulations on the inner aspect of the cervix uteri were discovered and destroyed. The vomiting ceased immediately, and the pregnancy progressed normally.

The quantity as well as the quality of the blood should be considered. Hyperemia would in some cases be quite as inimical to health and comfort as anemia in others, and requires strict attention to diet with reference to both the quantity and quality of the food taken. Any mild laxative which will reduce the amount of blood serum will be of service, by relieving tension and depurating the blood. Our professional ancestors did not hesitate to bleed in some cases, not only at the beginning of pregnancy, but in all its stages, if there were symptoms of plethora, and the results were doubtless beneficial in cases where the plethora was excessive, preventing headaches, abortions and sometimes convulsions.

In the summer of 1856, while I was traveling with a light escort down the valley of the Humboldt, we overtook a large train of emigrants, and went into camp a few rods below them. They proved to be Mormons, on their way to colonize in Carson Valley, which was at that time a part of the territory of Utah. Early the next morning I was called to their camp to see a young woman in confinement. I found the patient in an emigrant wagon, and learned that she had been in labor all night, but without appreciable progress. I found by the touch a rigid os, slightly tumefied, and dilated to the extent perhaps of an inch in diameter. At the return of a paroxysm, after the examination, the patient was seized with a violent convulsion, and then dropped into a state of coma, out of which she was aroused by the return of the convulsion every five or ten minutes. Having but few medicines with me, and as the patient was full-habited and flushed, I proposed bleeding; but, on account of religious objections, the operation was delayed until the patient's condition seemed almost hopeless—the paroxysms more distressing, the coma more profound, and the breathing sputtering. She was bled to the extent of a pint or more, until she began to look pale around the mouth and drops of sweat distilled on the upper lip. As the arm was being dressed the patient dropped off into a natural sleep. She slept about an hour, and was awakened by a paroxysm of natural labor, and was soon safely delivered.

If this bleeding had been done at the beginning of the labor, or at any stage of it prior to the advent of the convulsions, they would in all probability have been prevented.

Pregnancy creates a demand for an increase of nutrition, and a corresponding increase of destructive change, while the functions of secretion and elimination may be more or less impaired through sympathy with or pressure by the gravid uterus. In preventive medicine our chief reliance in such conditions must consist in regulation of the diet, exercise in the open air short of fatigue, and frequent bathing. These often fail, and in some cases all forms of treatment will prove unavailing.

When the term of gestation is completed a crisis is reached. The uterus refuses longer to carry its burden, and subordinates the energies of the entire system in an effort to rid itself of the matured fetus. It is one of the most interesting of the events of human life, and though in the normal state it is a physiologic and natural process, the man who can look on and not sympathize with the subject of it is a disgrace to the mother who bore him and a reproach to the species. But while sympathy is due, and is usually awarded, it is seldom that a woman normally developed and in good physical condition needs manual aid in a normal labor. But this does not relieve the attendant from the duty of watchful care. It devolves upon him to ascertain, in the first place, if the labor is normal, which usually requires a careful physical examination, in the performance of which he should exercise the utmost vigilance to keep out that which ought not to go in. He should be careful not to infect his patient; and for this reason both physician and patient should be secured against the possibility of infection. The history of the past affords a sad record of the consequences of a want of cleanliness and antisepsis in obstetric practice. The obstetric toilet should be made with strict reference to securing the patient against infection. All cloths necessary to be used in any stage of the labor should be thoroughly disinfected. I believe in the belly band; for while it may not be absolutely necessary, it affords the patient a sense of support and an assurance that she in not being neglected.

During gestation the patient's clothing should be adapted to the season, and worn loosely, especially after the first three months. The waistband and the corset should be laid aside, and a neatly fitting and accurately adjusted elastic bandage for the support of the abdomen will add to the patient's comfort and serenity, especially in the last three months of pregnancy and for the first few days on rising after confinement.

But in all cases and under all circumstances we should remember that in preventive medicine our first and chief aim should be to keep out that which ought not to go in.

THE ANIMAL CELL AS A PHYSICAL ENTITY.

BY ALBERT MILLER, A.B., St. Louis, Mo.

THE truths of science are quarried in the laboratory; but seeming solid stones of fact soon crumble into still crumbling dust, each grain of which demands analysis, until a point is reached where the test-tube becomes as inapt as the Croton reservoir, and the microscope can reveal no more than the telescope can tell us of the inhabitants of Mars. 'Tis then the student leaves his work to wander in forbidden paths of Fancy, in the pleasant groves of Speculation, where Analogy whispers sweet nothings in his ear and Hypothesis wooes him with her wiles. Yet, after all, these witches clothe dry bones of verity with pleasing living tissues, and even physics tightly holds to their creation of an all-pervading ether. With this explanation is submitted the following

HYPOTHESIS.

Each cell in the human body possesses psychical attributes—a capacity for receiving impressions, interpreting them and reacting to them, all in a manner which physics alone cannot explain—a mind, and this faculty is present in a degree sufficient to account for many phenomena, both physiologic and pathologic.

The domain of physics will perhaps be expanded in future by inclusion of the territory of mind, but for the present we are obliged to recognize a boundary or at least a modus vivendi.

From the mass of general biologic considerations two facts stand out prominently.

At the extremes of the sequential chain of organized animal life, reaching from the lowest and loosest aggregation of units to the highest (the state)—at the extremes, I say—we concede to the unit the possession of mental faculties. On the face of it there is no reason to suppose that man is an exception. It is the very intensity of his organization which once led him to be regarded as a mechanic unit, and there is still a more than vestigial remnant of this conception in the manner in which medicine—barring histology—treats of him.

Organization is a change from an indefinite homogeneity to a definite heterogeneity. Man is a high example. Now the raison d'être of organization is the welfare of the component individuals. For these individuals to surrender also the consciousness by which they may be cognizant of this welfare, or for them to give up (even if they could) the intellect necessary to conceive and to execute the plan of organization, is wholly irrational.

SOME CONSIDERATIONS IN PHYSIOLOGY.

The white blood cell under favorable conditions, though apart from the organism, is able to execute a variety of movements, including locomotion and a species of deglutition, to which the adjective "ameboid" has been applied. It is wholly probable that the performance of these functions requires at least a low degree of ratiocination. Of all the cells it seems most free of let or hindrance from governmental regulation.

If a polypus covered with ciliated epithelium be examined soon after removal, the cilia will be observed to continue their wonted movement. That is to say, ciliated epithelial cells are able to functionate independent of adventitious nervous influences.

The spermatozoon is able to control its motile power independent of extraneous nervous regulation. To explain its approach to and penetration of the ovule, "chemotaxis" has been invoked. However, "chemotaxis" is a description, not an explanation.

Certain phenomena of sensation find a rational explanation in the assumption that cells—epithelial cells in particular—possess the faculty not only of transmitting sense stimuli to each other and to peripheral nerve endings, but of giving to each stimulus its distinctive character. If nerve processes are alone capable of transmitting sensations, then they must have an external distribution so extensive that not even the area of a bee's stinger is left uncovered. Histology has not yet demonstrated this to be true. It further involves the cumbrous assumption of special termini for heat, cold, pressure and pain

The cornea, though it contains no demonstrable dermic organs, is sensitive to heat, cold, pressure and pain and the degree of each.

The fact that living tissues when transplanted from one portion of the body to another portion, or from one organism to another, retain their vitality, indicates that trophic nerve influence is not essential to metabolism. Transplantation of epithelial cells is especially successful, suggesting that these are less dependent upon trophic regulation; an indication which may have pathologic significance, to be referred to later.

A muscle cell displays at least six metabolic processes:

1. Anabolism with respect to its vital elements.
2. Katabolism, ditto.
3. Anabolism with the storing up of explosive material.
4. Katabolism with the liberation of energy.
5. Anabolism-accumulation of heat-producing material.
6. Katabolism with the liberation of heat.

Further the extent of each of these processes varies.

Now the very complexity of this array may well lead us to suspect the cell of possessing a ratiocinative faculty, even assuming that it reacts only to central nervous stimulation.

Further in the case of a muscle, whose nerve connection is interrupted, at least the first four of these responses can be evoked by electric stimulation, which probably produces, directly, but one effect, viz.: func-

tional katabolism. To construct a credible theory by which functional katabolism alone is able by purely physical means to produce three other important metabolic processes, is to solve the problem of perpetual motion.

There is another physiologic process which furnishes strong presumptive evidence of a cell mind, namely, secretion. If this explanation seems fantastic, how much more so would be a purely physical one, which would of necessity be as intricate as the Ptolemaic solar system.

The theory of cell intellectuality throws light upon the problem of transmission of hereditary characteristics, and the light is not unsteady, even if it be not ample. By a priori reasoning, with this hypothesis as a basis, the physiology of the nervous system itself becomes more comprehensible. It is not necessary to recount special instances, for the reader can easily make his own applications.

It is not in physiology that we find many or strong proofs of the hypothesis. An army acting in unison under the orders of its commanders and far from the view, easily seems a unit, both material and mental. But an army with its ranks broken and demoralized by strife without or disease within, presents more favorable opportunities for analysis. Therefore, let us turn to

CONSIDERATIONS IN PATHOLOGY.

The increased irritability of muscular tissue when its nerve connections are cut off, has its counterpart in the alarm of a company of soldiers in the presence of the enemy when their communication with the main body is interrupted; for the human body is continually in the presence of the enemy—heat and cold and lurking germs and poison and, most of all, its fellows.

The lymph-node fortresses are swollen with a mighty garrison of leucocytes, or shrunken to a corporal's guard, according to necessitating circumstances. This may have three explanations:

1. Trophic stimulation from the nervous system; but the lymphocytes have no direct connections. Yet it might be urged that they receive stimuli from the nerves in the node-wall, which are exceedingly few. Then they must transmit impulses one to another, or repeatedly come each within the communicating radius of the nerve. And what a variety of impressions they must receive and respond to! To wage war against cocci and bacilli and spirilla and protozoa, and toxins of a thousand kinds!

2. Chemotactic stimulation from these irritants. But, since these vary yet provoke an identical response, we have at least one characteristic of mental reaction.

3. The white cell may have a mentality.

For this I know no "buts" of rebuttal.

Repair after injury seems a simple affair. It is natural; it is expected. Nevertheless, within the narrow confines of a pin-prick there is enacted a miniature tragedy, with the customary diapedesis, connective tissue formation, cell poliferation, and removal of debris. To explain these little affairs, or rather to gloss the matter over and bar impudent curiosity, a friend with the familiar name "chemotaxis" is introduced; not our old friend "chemotaxis" of impregnation, nor yet the "chemotaxis" of secretion, but another brother of their gifted family. Now, I submit that if the quality of reason is somewhat strained by the hypothesis of a cell mentality, it sustains almost a solution of continuity at the hands of these numerous "chemotaxes."

The same considerations may be applied to the walling off of abscesses and empyema, and the sequestration of necrosed tissues. It is especially significant that in the "pointing" of abscesses an outlet is always, caeteris paribus, sought where it will least damage the organism, and this is not always in the direction of the least resistance. This feature is ordinarily explained as due to the "remarkable conservative forces of nature," recited in the old pathetic tone of superstitious awe.

The fact that until recent years dropsy was regarded as a definite disease justifies the speculation that hysteria may include a plurality of morbid conditions. No one is prepared to deny that in some cases the conditions may be wholly anatomic, but analogy warrants the assumption that in a portion the trouble is altogether functional. On the basis of a cell-mind, the latter condition could be accounted for as a disturbance in the ratio of the so-called will to the cell "wills."

Similarly as to the paralysis agitans of senility and the paralysis agitans of shock, and as to many other neuroses and psychoses.

The demoralization of shock becomes understandable not as a figure of speech, but as an actuality.

By this conception immunization, admittedly a local matter, becomes explicable as a school of bitter experience where cells learn defensive measures, and —I cannot forbear adding, half facetiously, half seriously—sometimes are taught to shun bad company and intoxicants.

A theory of the etiology of new growths, which was not deemed too bizarre for quotation in a well-known text-book on pathology, is as follows:

"In consequence of some irritation certain cells may become, so to speak, infectious, assuming the role of a sperm cell and stimulating the adjacent cells to abnormal multiplication." This is almost the notion of a cell intellectuality, which would say that certain cells tired of repeated indignities incite their fellows to revolt, with the usual consequences of civil and civilized war. If the latter be true, we would naturally expect to find neoplasms less often in tissues which are in close nervous relation with the central

government. It is almost superfluous to recall that neuromata and rhabdomyomata are the rarest of new growths. In the matter of epithelial cancers we have the factor of greater exposure to insult. Besides, as I have pointed out, there is reason for thinking that epithelial cells are not very dependent upon trophic stimuli.

The syncytioma malignum, which is believed to originate in fetal epithelial cells (having no nervous relation with the maternal structure) is an item of corroboration.

In the event it is contended, that if cells have intelligence they would display it oftener where slight lesions cause grave consequences, one can reply that accustomed as they are to direction by those specially set apart, they would naturally be slow to take the initiative in affairs outside their accustomed sphere of duty. It has its exact counterpart in certain despotic paternal states of past and present days.

I have above hastily outlined an idea which would require a man's life work to prove or to disprove. The evidence submitted is confessedly inadequate; it may be superficial, perhaps partially untrue, and yet I commend the hypothesis to most careful and unprejudiced consideration. The idea may not be new. To state, then, that it is original so far as the writer is concerned, perhaps reflects upon his erudition, but it defends his honesty.

1445 South Carr Lane Avenue.

Notes and Items

The "chicken-pox" epidemic has again broken out. This time it is discovered in Dixon, Ills., where one hundred cases of so-called Puerto Rico chicken-pox had been diagnosticated. An expert sent by the State Board of Health found that they were ordinary cases of small-pox.

The peripatetic food investigation committee of the United States Senate terminated its labors in the city of New York a few days ago. Senator Mason thinks that the results show that the matter of food adulteration should be taken in hand by the national government, and that the people will demand laws which will prohibit the importation into this country of articles manufactured abroad, the sale of which is forbidden in the country of manufacture. Also a law which prohibits the use of adulterants. Where adulteration is used for the purpose of cheapening and to deceive the people, the law ought to go so far as to compel the manufacturer and dealer to correctly label the package.

The "Pharmaceutical Era" calls attention to the enomous increase in the sale of cocain by retail druggists. It is stated that in the city of Chicago, in a district comprising about a square mile, there are sold by druggists about 125 ounces per month in small packages. This is said by the *Era* not to be an excessive quantity, as it allows about 1,800 grains per day, and allowing fifteen grains a day to each person addicted to the habit, would only give an average of 120 users of the drug in the district named. This, however, is an enormous increase, considering the destructive character of the habit, and is fraught with grave consequences from a public health standpoint. There is a law against this indiscriminate sale of cocain, but it is probably violated to a great extent. Law or no law, the practice should so far as possble be restricted.

There is a wide variation in the views of the profession as to the frequency with which revaccination should be done. Most physicians are of the opinion that a vaccination in infancy, followed by one at the period of puberty, is sufficient to give protection for a lifetime. Particularly is this regarded as true if the vaccination "takes." If there are no results following vaccination, it can be attributed to two causes: either that the person is immune to the vaccination disease, and is consequently protected against small-pox, or that the particular lymph employed is of no value. Perfect immunity is only secured by repeated vaccinations. When a vaccination is performed with lymph of undoubted efficacy and there is no reaction, then a person can be said to be fully protected. It is true that in cases where a good reaction is obtained there is less likelihood of immediate second successful vaccination; but it does not by any means follow that because vaccination has been successful that perfect immunity has been obtained.

The practice of medicine in our new possessions is a subject that will be of general interest to the medical men of the United States. Recently, Dr. John S. Brown has written of the practice of medicine in Puerto Rico, which he does not set forth in the most favorable light. San Juan, the chief city of Puerto Rico, has a population of thirty thousand; this is said to be amply supplied with American physicians, the estimate being about thirty-five, or one physician to every thousand inhabitants. Prevalent diseases are said to be tuberculosis, the various malarial infections, syphilis, and the eruptive fevers of childhood. Tuberculosis is said to prevail to an alarming extent. The medical club is much in evidence; and as there are no free hospitals or dispensaries, the care of the indigent poor is thrown upon the general practitioners. It is stated that about one-half of the patients treated since the hurricane and the sickness which followed belong to the indigent class.

One after another the articles of our modern wearing apparel are being condemned by advancing medical

science. The chiropodist has long since condemned modern foot wear; the surgeon the constricting garter; the gynecologist the corset; veils with dots have been pronounced injurious by the ophthalmologist; for years the dermatologist has contented himself with condemning the starched collars and cuffs which are frequently the cause of eczema, due to the irritation of their more or less serrated edges. A late German dermatologist now condemns veils, whether of the polkadot variety or of the ordinary green baize fabric. These are said to cause red noses. The disorder is said to be the ordinary acne due to friction. Veils are said to be especially injurious if worn while taking active exercise, as they become moistened by breath and perspiration, and as they must be somewhat tightly drawn over the surface, the irritation is considerable.

The relation of tuberculosis to life insurance is formulated by a recent writer as follows: Life insurance companies should decline any person who has or who might have been at any time affected with tuberculosis in any form; any applicant with a family history of tuberculosis who may be suffering at the time, or who may have had at some previous period of life pleurisy, hemoptysis, chronic bronchitis, scrofula, or curvature of the spine; any person with a history of tuberculosis, pleurisy, hemoptysis, congestion of the lungs or recurring attacks of bronchitis; any dyspeptic person the issue of tuberculous parents, if he did not get well after a course of appropriate treatment; any applicant with a family history of tuberculosis or living under unhygienic conditions, if the circumference of chest and his weight are much below normal; any applicant under thirty-five or forty years, if both his parents were tuberculous and if he is not of strong constitution; any applicant who by his antecedents or his constitution might by looked upon as a candidate for tuberculosis; any applicant, the issue of tuberculous parents, who lived in intimate contact with a consumptive.

Protection is a term that is gaining ground among foreign physicians. There has been a constant effort on the part of French physicians to exclude English and American practitioners from settling in Paris. With the growth of the English colonies in this large city has naturally come a demand for the services of physicians of their nationality. This has been supplied too abundantly to satisfy the taste of the French physicians; hence the outcry of the French profession for protection against the foreign doctors. The same effort is now being made in Italy, where a bill has been introduced excluding foreign physicians from practice. This has been attempted in the past, but each time it has failed to pass. It is estimated that the ever-increasing tide of travel to Italy carries more than a hundred million dollars from England and America alone. It is but natural that these wealthy clients should be very attractive to the native physicians. This, however, is a narrow view to take of the matter, and it is hoped that the Italian parliament will see its way clear to defeat the bill. In this country foreign physicians are received and given equal standing with native physicians; all that we ask is that they shall be qualified. It has been suggested by some that if the foreign physicians in England and America would all return to their native countries, then the Americans and English would come home, and everybody could have home rule. This is needless, and a broader fraternal feeling should be cultivated, and every qualified practitioner should be allowed to locate where he chooses, providing his attainments reach the standard required by the government under which he locates.

"The Physical Fitness of Railway Employes, as Viewed From the Operating Department," formed the subject of a paper read by R. R. Richards, the General Claim Agent for the Chicago & Northwestern Railroad, before the New York State Association of Railway Surgeons at their recent meeting. The sacrifice of life, together with the great loss to property, suggests that some standard of efficiency should be demanded. If a system of examination and the adoption of an age limit were established, the following benfits would be secured: The company would secure the services of men who were physically capable of performing their duties properly, and who would in all probability be able to do so for many years. Men who were physically unfit for the work would be kept out of the service, and the risk that their employment necessarily entails would be avoided, and at the same time the company would be protected from fraudulent claims for injury which this examination would detect. The number of accidents and resulting expense would be reduced. By reducing the number of accidents and making the business less dangerous, a higher class of men would be encouraged to enter the service. In case of injury it was well known that a sound man would get well quicker and make a better recovery than an infirm or diseased one, thereby reducing the expense of adjusting his claim, as well as the cost of caring for him.

The above suggestions by Richards are in line with the development which is going on in the employment of men in the large corporations. It is stated that 874,558 men are employed in the operation of railroads and their maintenance in this country. The suggestion is made that they be recruited very much as troops are for the regular army—undergo a physical examination, and when once in the service their promotion depends largely upon efficiency. This, combined with compulsory retirement at a proper age, with a pension, will doubtless be the practice in the future.

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MEDICAL ENGLISH.

Medical writings are seldom worthy to be cited as examples of good English. This is in part due to the fact that few medical writers have time to study the niceties of language. The work of the medical editor is thus increased, especially if he be a purist whose nerves are set on edge by solecisms, colloquialisms, and faults of style. Our pages are so far from perfection that we rarely dare to make more than elementary criticisms; but for once we venture apologetically to call attention to the courageous suggestion of an esteemed contemporary that flourishes near the eastern sources of literary and medical authority.

"*Badly Chosen Words.*—It is somewhat dangerous to advise against the use of even the most foolishly chosen words, because no one can foresee with what illogicality Lord Demos may be pleased. If it suits his whim he will pick up the most arrantly nonsensical word and use it in the most whimsical way until even the aristocrats of linguistics are compelled to fall into the habit; the word thus becomes perfectly legitimized and 'received into the best society.' But at worst one may in the meantime give his language strength and perspicuity by using the right words in the right places, or at least by avoiding their employment in the wrong places. We propose listing a few of the words most frequently misused in medical literature."

About forty examples of words and expressions to be avoided follow. The use of at least twenty of these is sanctioned by the best writers of English, and some others might be used without great offense to taste, unless it were to that of the "aristocrats of linguistics." A few examples will suffice to show the care with which the list was made:

One must never speak of a "bad" cold, but of a severe one; health may be "delicate or feeble," but not "bad." One is neither to "meet with" success, as Lord Bacon did, nor to "arrive at" conclusions, as did Lord Macaulay, but to "find," "reach," or "conclude." Two things cannot be "alike," though the psalmist poetically thought they might be.

To avoid fine language and write clearly is a good rule, but a hard one to apply, as an analysis of the foregoing quotations will prove.

The paragraph in question is certainly open to the reproach of being an example of "fine writing;" it cannot justly be called clear, and there are in it words chosen without discrimination.

"Dangerous to advise against," is a little too strong for the peril that actually attends editorial criticism; besides, "advise against" is no better than "begin with," an expression condemned by the critic.

The metaphorical apotheosis of "popular usage" in the epithet "Lord Demos" might pass as an excusable desire to display knowledge of Greek, if the writer did not elsewhere find fault with one who may chance to feel more learned in modern languages and say "*en passant*" instead of "in passing." Moreover, his lordship's foible is not clearly expressed. We are left in doubt about the latter, for illogicality may mean an objective thing or a subjective state; we are not sure whether "Lord Demos" is illogically pleased or pleased by something illogical.

"Aristocrats of linguistics" is so pretty and unusual that it must be called "fine writing;" again, we are left in doubt about the "habit" into which these distinguished persons are forced to fall, unless we assume from the context that they are forced to fall into the habit of *picking up* and subsequently using a whimsically nonsensical word. Medically speaking, we thought habits were acquired tendencies to action, not traps and pitfalls into which one might be forced to fall. But after all, such a weakness in the "aristocrats of linguistics" is not surprising, since they are only comparative philologists, whose business it is to study the vagaries of language in general. Of course, "aristocrats of linguistics" is a bad (or shall we say delicate or feeble) substitute for "writers of good English."

"Legitimized" is a surprise, because there is a better and commoner word, "legitimate," which avoids the pleonastic sense of action in "becomes" and the participle.

Finally, the sentence beginning with "But at worst" is a remarkable example of the fact that one often says the opposite of what one means, for it says that the worst one could do would be to use the right words in the right places.

We fully agree with our eastern contemporary that it is venturesome to give advice about the use of words, for no one can foresee what words in popular use may be finally adopted by the best writers; but one may always give force and clearness to his language by the appropriate use of words already accepted by standard authorities.

PUBLIC SCHOOLS FOR INVALIDS.

A school for cripples is under the consideration of the Chicago Board of Education. The need for such an institution has for a long time been apparent. A canvass which was recently made of one school district showed that there were seventy-eight cripples under fourteen years of age detained at home by their deformaties. If there is any class of children especially in need of an education it is cripples, for they are, to a great extent, incapacitated for manual labor. At one of the schools near the Home for Crippled Children, a room has already been fitted up for such pupils. It is intended to devote an entire school building to this class of children. There are two difficulties in the education of cripples; one is their inability to reach the school, and the other their liability to injury and accident while associated with strong and vigorous children. The latter will be obviated by having a special building for this class, and it is proposed to have an omnibus for children who are unable to make their own way to school. A touching story is told of a child who had lost both legs, and who constructed with his own hands a rude kind of a wagon from a box, to which wheels were attached. In this primitive contrivance he managed to reach the school, being carried to his room by two of the larger and stronger pupils.

CAUSE OF THE OUTBREAK OF THE PLAGUE AT VIENNA.

There are a number of conflicting accounts of the outbreak of the plague which occurred in the Vienna General Hospital in 1898. A letter from H. L .K. Shaw, in the *Albany Medical Annals* of December, 1899, reads as follows:

"In the summer of 1898 the Austrian Government sent a commission, including Drs. Müller, Albrecht and Gohn, to India, for the purpose of studying the plague. They succeeded in securing pure cultures of the plague bacillus. Dr. Müller had a number of these cultures in his laboratory in the Klinik Nothnagel. About the middle of last October the diener, who took care of this laboratory, was taken sick at his home, and Dr. Stejshal, an assistant in Professor Neusser's division, who lived close by, was called in. As there was an epidemic of influenza in Vienna at this time the case was diagnosed and treated as such. Dr. Müller hearing that his diener was sick, and being treated by a physician in the rival clinic, had him taken to a private room in the Nothnagel division. A specimen of the sputum was sent to Dr. Gohn of the bacteriologic department, who found plague bacillus. Dr. Müller would not believe that the man had the plague, but all doubt was removed when the man died the next day and the autopsy made by Dr. Albrecht proved conclusively that the man had died of the pest. Müller was convinced by this time, and realizing the responsibility he had incurred by bringing this man into the hospital, he shut himself up in the plague-stricken room, and with the help of a nurse who had cared for the sick man, he scraped and cleaned the walls, ceiling and floor, and painted the room. Dr. Müller and the nurse went out to the pest hospital where they both died. These three deaths were the only deaths from the plague. The excitement that reigned in Vienna at this time, on having the plague in their midst, and especially in the old germ saturated Allgemeine Spital, was intense. The people in the vicinity were panic stricken and many fled from the city. The advisability of burning the entire hospital was seriously considered.

"It was found that the diener was stupid and careless, and in spite of many warnings had broken a culture tube and had not reported it. There is no doubt but the prompt and heroic action on the part of Dr. Müller in cleaning and disinfecting the room prevented what would have been a widespread and fatal epidemic."

On Sunday, the 22d of October, a bronze bust of Dr. Hermann Müller was unveiled. It is placed in front of the entrance of Nothnagel's clinic, in the eighth court of the general hospital.

The account above given is related by Dr. Stejshal. The city authorities of Vienna have enacted a law which prohibits the growth, culture or possession of the plague bacillus by any one in the city.

DEFICIENCY IN MEDICAL SERVICE.

According to the best informed journals in England, there is a large deficiency in the medical service for the equipment of the troops now going to the front. It was claimed by the leading military authorities that without calling on the regular troops employed in India, Gibraltar and other parts where garrison duty is required, that the English would be able to place in the field at short notice at least two army corps. Such has been found to be a fact so far as the number of men is concerned, but the unpopularity of the medical service has so reduced its ranks that the number of medical men required for a single army corps alone was available. It is stated that at the present time, or soon after the troops reach South Africa, nearly one-half of the surgeons employed will be recruited from civil life.

Society Proceedings

MEDICAL SOCIETY OF CITY HOSPITAL ALUMNI.

STATED MEETING, THURSDAY EVENING, SEPTEMBER 21, THE VICE-PRESIDENT, DR. B. M. HYPES, IN THE CHAIR.

G. HURT, M.D., read a paper on

The Hygiene of Pregnancy and Parturition.*

DISCUSSION.

DR. ELSWORTH SMITH said he thought the paper well worthy of consideration. It was interesting, in the first place, from this standpoint: that it gives the observations of a man who has had a long experience, who has been in the work a number of years, and who has managed to keep the good of the past and also keep up with the pace of the present. The essayist had certainly grasped the situation thoroughly when he said that the great rule—the great golden rule—in obstetrics should be the strict observance of cleanliness. All the modern idea of asepsis was embraced in this word. What specially brought the thought that Dr. Hurt had retained what was good of the past and linked it with the present, was his advocacy of bleeding. Of course we all know that bleeding was greatly abused by our forefathers, greatly overdone; and experience gradually showed that its uses had to be much more limited than they had been; but the speaker said he believed a physician who discarded bleeding altogether made a great mistake. In the speaker's experience there were several conditions where much good would be derived from bleeding. One such condition was that alluded to by the essayist. He did not agree with Dr. Hurt that plethora alone would be an indication for bleeding; he understood the paper as giving this condition as an indication for bleeding. In his own experience, the speaker said, he had rarely encountered this condition of plethora, but he could readily see where bleeding in such cases would be beneficial. However, in the case of the young woman in labor, cited in the paper, where convulsions accompanied labor, he did not think the plethoric condition the cause of the disturbance, but rather some poison in the blood which ought to have been eliminated. If the urine of this woman had been examined a renal lesion would probably have been found and the convulsions accounted for in that manner. In other words, she had puerperal eclampsia, which we generally associate with renal lesions, and which condition we call uremia. In these conditions of uremia where there were convulsions and a tendency to coma, he said he knew of no better or more efficient treatment, as Dr. Hurt had cited, than venesection, and he thought it should be done freely, removing even more than a pint. He had seen a case come out of profound coma after the withdrawal of a pint and a half of blood. In this case the blood was replaced with normal salt solution; the patient recovered from this attack completely and lived for several months, but later died in a similar attack. So he thought these profound conditions of uremia were most effectively treated by bleeding and transfusion with normal salt solution. By removing a quantity of blood and replacing it with normal salt solution we eliminate a certain amount of the poison, and not only obviate any danger from a serious drop in arterial tension, but we also dilute what remaining poison there may be in the system.

He alluded to another class of cases in which venesection was most valuable. These are cases of acute heart strain, especially of the right heart; cases in which we have suddenly developed, especially in full-habited individuals, some disturbance which throws a severe strain on the right heart: as in rapid inflammatory conditions of the lung, or where a large area is involved and the circulation disturbed; where the right heart is laboring under a great obstruction ahead, he had seen good results follow venesection. In such cases bleeding alone was done and not followed by transfusion, the object being to lower the tension of the right heart in order to give it a chance to regain its tone, as the danger in these cases is stoppage of the right heart in diastole from overdistension of the right ventricle; by bleeding in these cases we make the work easier on the right heart and give it time to regain itself, just as any fatigued muscle will do better after a rest, and in such cases we may often tide over a very ugly situation by bleeding. The cases would have to be selected, however, and only performed in robust individuals in whom the arterial tension is rather high; where the tension is low and the pulse small and rapid, we could hardly expect much from bleeding.

DR. J. C. MOORE said he agreed with the views of Dr. Smith. The hygiene of pregnancy was always an interesting study, and the difficulties met with possibly made it more interesting than it otherwise would be, especially the difficulties that confronted a country practitioner. He had been doing an extensive country practice lately, and often his ingenuity had been taxed to meet the difficulties surrounding some of his cases. Often—more often in country practice than in the city—we see the case only when labor has begun; nothing is heard of the case until the physician is sent for, or if we hear of it at all it is simply a word from the husband that we are expected on a certain day, perhaps a week or two later. In these instances there is no opportunity for observing the rules of the hygiene of pregnancy. The hygiene of labor, however, the speaker thought, could be carried out as well in the country as in the city, possibly better. In his experience surgical cases had done rather better in the country than in the city. Other things being

*See page 487, this number.

equal, he would rather have a warm farmhouse than the best hospital in the city. He said he might be wrong in this statement, but he had seen good results where the least could have been expected. The country woman, he said, had the advantage of the city woman to this extent. In the country puerperal troubles were rare; but the man who had clean hands in making his examinations would see little of this anywhere. He believed, as Dr. Smith had said, that cleanliness embraced the whole gospel of midwifery.

DR. SMITH inquired whether it was the practice of obstetricians generally to make a complete physical examination of each case of pregnancy before labor, and whether this included a thorough abdominal and vaginal examination and measurement of the pelvis. Was it the custom to do this in every case that was seen in time?

DR. W. S. BARKER said this particular subject had been to some extent before the Society last spring. The question of measurement of the pelvis was also before the Society later, when Dr. Crossen read a paper and the subject was again discussed, most of the members confessing that they did very little of that in a scientific way; a rough measurement with the hand most of them usually made. In regard to the physical examination, the speaker said in his work if there were any suspicious symptoms he had always made an examination of the urine, and since the meeting referred to he had endeavored to do this in all cases; a urinalysis in every case was emphasized at that meeting. The careful obstetrician, or general practitioner who did obstetric work, would make a pretty thorough examination at this time—that is, prior to the oncoming of labor.

DR. SMITH asked if this included a vaginal examination.

DR. BARKER said yes; he always preferred to make a vaginal examination and usually did so in every case, and found no difficulties in doing so.

DR. JOHN ZAHORSKY said it was not always possible to make a vaginal examination, especially in young women. Of course, he said, it ought to be done in each case, but in some cases the consent of the patient could not be obtained, and in these cases he relied upon external examination. Measurements, however, could be taken with the pelvimeter and the position of the child determined. Urinalysis ought always to be made in every case, and, if there were any suspicious symptoms, a vaginal examination insisted upon. In regard to the use of the pelvimeter, he did not think it was generally used; he thought it ought to be done, especially in those cases of young women who have not borne children. In woman who have borne children without trouble the assumption could be made that no trouble would ensue; yet by neglecting these precautions something might arise which could have been obviated.

DR. B. M. HYPES said that he was delighted to know that Dr. Hurt was still interested not only in the subject of obstetrics and in its advances and the advanced methods of managing obstetric cases. The paper itself covered so much ground, he said, that it would be impossible to discuss it in a general way and do it justice. It not only included the hygiene of pregnancy and labor, but also the disorders of pregnancy and accidents of labor. The general ideas of cleanliness in parturition and all hygienic measures in labor are to be commended and approved. Prevention (with a big P) of complications and disease should be the motto of the obstetrician. He said he felt sorry that so many of the gentlemen expressed the belief, and some seemed to carry it out in practice, that better obstetric work is impracticable. He thought they were mistaken. Dr. Mardorf had said he did not think anybody made a practice of measuring the pelvis previous to or during labor. Dr. Hypes said he wanted Dr. Mardorf to modify this belief to some extent at least. During the last three years the speaker said he had not attended a single case of labor without having examined the woman and measured her pelvis, unless she had previously been examined or measured. He made it a practice to measure every pelvis, except of course in those cases where he knew the parts to be normal or he had previously measured the pelvis; or if the history was normal, as in the case of the woman having borne several children naturally; but in all new cases he examined the patient and measured her pelvis. He had never had objections raised; and when he explained to the woman that it was a matter of necessity in order to know that she is properly formed and the parts are natural so that she may expect a comfortable and easy birth—if there is anything wrong it is wisdom to know it beforehand so that any emergency can be met in time—they seem to take reasonably and sensibly to the matter and acquiesce without any special effort on his part whatever. But he did not think it necessary to go over that ground, as his views had been expressed in a paper read by him last winter before this Society. However, he said, the better obstetric work is not only possible but absolutely profitable, and where the physician takes special pains and care in directing the woman and measures the pelvis and looks after her welfare he gets credit for it afterwards and a better fee. He said he now gets twice as much for his cases as he did ten years ago. This, he said, is the position taken by advanced members of the profession everywhere, as far as he knew. Every work on obstetrics published in the last ten years insists upon this general care of the woman during pregnancy and labor. At every convention, national or international, of obstetricians these points are insisted upon, and they go so far as to blame physicians for not carrying them out. Recently he

had been called in consultation to see a woman in labor. She had been in labor a long time and was almost in articulo mortis. The physician attending her was a fairly well educated man and had quite a practice, as the speaker knew, but he had been attending this woman for thirty-six hours and had not measured the pelvis; whether he had examined the urine he could not say; he had applied forceps a number of times and endeavored to deliver an ordinarily sized child through a pelvic diameter of three inches; it was very easily measured upon the finger. In order to deliver the child, craniotomy had to be performed; the child was dead at the time of the operation and the woman died two hours after delivery. This was not a case to relieve during labor; but if the physician had taken the pains to investigate beforehand he would have recognized the condition and the woman could have been delivered by premature delivery or a suitable operation during labor. Our obstetric practice ought to be improved and the welfare of the pregnant woman more carefully guarded.

The suspension of the *Index Medicus* has been very regretfully received by our foreign confreres. The expressions on the subject have been numerous in the English press; but they have not been infrequent in Continental journals. While the *Index Medicus* was in English, it was doubtless nearly as useful to German and French students as though it had been printed in their own language. All titles were given in the original language, translations being appended of the Japanese, Russian, and some other languages; in these translations English was employed. The *Index Medicus Novus* is the latest attempt to supply the void left by the suspension of the *Index Medicus*. It is to be printed at Vienna, and they have issued a prospectus in "English." We excerpt a paragraph:

"Through the persuasion of prominent authorities, and by co-operation of professioners, we resolved, to satisfy this pressing wishes, to produce such an underprize, and so we founded the *Index Medicus Novus*. We must say that the sacrifices which are necessary to the work in each regard are more important as we thought in the beginning; but we will continue now the undertaken work, because there is no doubt that the whole medical world will have the greatest interest of it. Next time we will give also a specification of all medical-scientific books coming just out, as all medical dissertations of the universities quite regular; so the *Index Medicus Novus* will become a collection for consultation quite unsurpassed, and as theer has been nothing likewise before it in the medical knowledge science."

A number of English physicians are urging the joint co-operation of the British Medical Association and American Medical Association in reviving the *Index Medicus*.

Current Medical Literature

EYE, EAR, NOSE AND THROAT.

Rhinedema.—H. H. CURTIS* admits that the causation of nasal dropsy is more obscure than that of cardiac or renal dropsy. Edema may be caused locally where impeded nervous return causes a dilatation of the arteries, and also where arteries are dilated by other causes without nervous obstruction. Local edemas are also caused by anemia. The habitual inhibition of large quantities of water is often productive of infiltration of the mucous membrane of the larynx and nose. We must differentiate between a hyperplasia and a dropsy, and probably many cases of so-called winter hay-fever are cases of true rhinedema. The distress of a patient with edema is vastly in excess of that encountered in hay-fever. The affection appears chiefly in neurotic women and men of sedentary habits, between 30 and 50 years of age, and sometimes in youths of 15 to 19, when it is usually associated with sexual perversion. Often, however, the edema is due to impeded circulation caused by the pressure of new growths. A constant symptom appears to be an intensified desire to breathe through the nose, amounting almost to mania. A regular course of training in gymnastic exercise under an experienced teacher, so that a profuse sweat results, followed by a warm bath, cold douche and alcohol rub is beneficial. The patients must keep in the open air. The most important step in the treatment is the use of the rectal sitz douche with the nozzle in the centre of the cushion, by which the patient may wash the entire colon night and morning with four quarts of water in which is put a spoonful of sea salt and sodium bicarbonate.

Report of a Case in Which Defective Speech Results in Interesting Derangements of Cerebral Functions.—G. H. MAKUEN.† The patient was a boy of 15 years; when 14 months old he had convulsions, followed by a severe attack of meningitis. He was nervous, bright and shrewd in many respects. His hearing was good and, except for letters and words, he had normal vision. Motor functions of the tongue were defective, but it was structurally normal. Muscular control of the lips was defective. These faulty movements of tongue and lips resulted in a defective utterance and a kind of mutilated speech, which was difficult to understand. There was a lack of confidence in himself and a general slovenliness of utterance; he knew that his speech was defective, but had no power to correct it, nor did he seem to have much desire to do so. His writing was on a par with his speech; his spelling was very defective and had very little similarity to his pro-

*N. Y. Med. Jour., Dec. 16, 1899.

†Phila. Med. Jour., Dec. 16, 1899.

nunciation of the words. Arithmetic was his favorite study; he was proficient in the use of figures and had no trouble in learning to read and write them. He was by no means feeble-minded, but there was some functional impairment in the action of the corbical visual word-center. Reference is made to similar cases that have been reported. Special training of the motor centres has not only greatly improved the speech of the boy, but has increased his capacity for recognizing and retaining the visual impression of words.

On the Division of the Optic Nerve.—FRITZ MENDEL.* Division of the optic nerve is a rather rare accident, when the cases of suicide by pistol wounds in the region of the temple are excepted. The symptoms are strictly anatomic in their nature. If the division is complete, then total blindness results, which is permanent. The pupillary reaction to light is totally lost. The third result is the ophthalomospic picture. This varies with the location of the trauma, whether it is, 1, directly behind the eye-ball, in the region of the central artery of the retina; 2, further away, in the middle of the orbit; 3, further backwards, in the apex of the pyramid of the orbit. In the first case there will be a disturbance in the circulation of the retina, as the artery is divided. In the second case the eye-ground is either normal or undergoes a slight atrophy in the neighborhood of the papilla. In the third case the pallor of the eye-groud took place some weeks afterwards at the point of entrance of the optic nerve. In respect to prognosis, it is impossible to determine this at the time of the accident. The total blindness which takes place at the time of the accident can in a short time disappear completely.

Malarial Infection as a Factor in Causing Eye Disease.—P. T. VAUGHAN.† The manifestations of malaria differ according to whether they accompany an acute attack of fever or the malarial cachexia. The most prominent symptom in the latter class of patients is a noticeable variation in the visual power at different times. Sometimes hemeralopia exists and occasionally photophobia. Ophthalmoscopically the optic papilla is seen to be dark, red and swollen and the adjoining retina opaque. Deposits of black pigment have been observed in the papilla and along the retinal vessels, as well as thinning of the optic nerve. Minute hemorrhages, especially of the peripheral portions of the retina, have been reported. Another condition that has been observed in malarial infection is an infiltration of the vitreous. In one case there was a marked degree of ptosis of the right eye, conjunctiva congested, pupil dilated, cornea somewhat cloudy, a slight increase in intraocular tension and vitreous opaque. The pain was very intense. All the symptoms became more aggravated at regular intervals, and during these exacerbations fever was always present. Upon the administration of iron and quinin the symptoms gradually disappeared until only a slight opacity of the vitreous remained. In severe attacks of malarial fever amblyopia is not uncommon. Various other ocular affections are referred to, the most frequent of which is supraorbital neuralgia, which readily responds to quinin.

*Berl. klin. Woch., Nov. 6, 1899.
†N. Y. Med. Jour., Dec. 16, 1899.

The Effect of Certain Operations on the Pharynx.—S. OPPENHEIMER* reports a number of cases, from which the following suggestions seem warranted: 1. That the pharyngeal mucosa of the mill-hand under twenty years of age is more susceptible to unfavorable influences than is that of the individual over that age. 2. The inhalation of dust, fibres and chemical agents are the factors of most importance. 3. The majority of industrial workers are affected with pharyngeal disorders, dependent to a certain extent upon their occupation. 4. In those already affected with pharyngitis before assuming their occupation, the morbid changes are augmented by the work. 5. The primary pharyngeal changes are those of acute congestion and inflammation; chronic changes are the ultimate result. 6. The pharyngitis produced in part or whole by the occupation does not differ in any respect from the ordinary forms. 7. Provided the vocal chambers be in approximately normal condition, pharyngeal affections are much less liable to occur than otherwise. 8. Hygienic measures applied to the environment of the worker are of most benefit as regards the improvement of his general condition, and therefore of the upper respiratory tract. 9. Local care will be productive of much good.

The Eyes and Ears of Employees of Transportation Companies.—ALLPORT† enters into details concerning the various forms of "color amblyopia" and their causes. Many interesting facts concerning the light signals of transportation companies are related, and a number of significant accidents in which an inability to recognize the color of the lights displayed is described. Many thousand miles of railroad are operated under a system which offers no protection to their passengers. In many cases not even the eyes of the locomotive engineers are examined. This matter should be regulated by legislative bodies. Two standards of examination should be adopted—one for new employees, and the other for old. New employees should have normal eyes and ears; vision in both eyes should equal $\frac{20}{20}$ color perception perfect; the watch should be heard at three feet. Old employees can be allowed some latitude, a vision of $\frac{20}{30}$ and $\frac{20}{50}$ being required. An applicant should not be accepted while suffering from temporary affections of the eye and ear, though this should not bar them completely from the service.

*N. Y. Med. Rec., Dec. 16, 1899.
†Jour. A. M. A., Dec. 16, 1899.

Suppuration of the Frontal Sinus.—D. B. KYLE* reports a case in which suppuration was confined to the frontal sinus, with spontaneous rupture. The patient was a woman, 60 years old; the clinical phenomena were slight. The outer plate of the frontal had become necrosed, and the abscess ruptured spontaneously externally. A probe was passed into the opening, and necrotic bone was encountered; slight pressure caused the probe to pass into the nasal cavity; at the same time light was reflected into the nostril, and the point of the probe could be seen on the septum side of the middle turbinate, about the middle third. The time from the spontaneous opening of the abscess until the complete closure of the wound was about two months. The bony structure filled in to such an extent that very little depression is left, and there is a very slight scar, as shown in a photograph. The literature on the subject of empyema of the frontal sinus is referred to, but no case exactly like this one from all standpoints could be found.

GYNECOLOGY AND OBSTETRICS.

Shall We Abandon Ventrofixation of the Uterus?—DORSETT† has done thirty-eight such operations by the abdominal route, and in no instance has the uterus failed to stay in place. With three kangaroo tendons the anterior wall of the uterus at its middle is drawn up to the abdominal incision, the opposing layers of peritoneum sacrificed, and the peritoneum closed with catgut in continued suture. Next the kangaroo tendons are tied and the parietal sutures, which have been previously introduced, tied en masse.

Mensuration and Capacity of the Female Bladder.—HUNNER and LYON.‡ These observations were made on living women with practically normal bladders. With the patient in the knee chest position, the rectum, vagina and bladder were dilated by ordinary atmospheric pressure. The air was then expressed into a graduated vessel containing water, and the displacement noted. In twenty-five women examined the average bladder capacity by atmospheric distension was found to be 303 cc. The average fluid capacity was found to be 429.7 cc. In anesthesia the fluid and atmospheric capacities were both increased. The bladders of nullipara were found to have a greater average capacity than those of multipara. The measurements from the internal urethra were found to be as follows: To the summit, 7.14 cm.; to posterior wall, 5.77 cm.; to left lateral wall. 6.7 cm.; to right lateral wall, 5.92 cm. The average length of the urethra was found to be 3.3 cm. Bladders dilated with air and observed during operations were ellipsoidal in form, flattened somewhat in the antero-posterior diameter. The transverse diameter shows always the greatest measurement.

The Surgical Treatment of Fibromyoma.—J. M. BALDY* of Philadelphia embodies in a well-written article the conclusions reached by the Amsterdam Congress of August 8–12, 1899. The abdominal route has every advantage over the vaginal. Hysterectomy is the method of choice, and myomectomy is to be resorted to only in case especial conditions obtain and influences are to that method. The disease is not a local affair, strictly speaking; the tubes and ovaries invariably take part in the process. It is then irrational to perform myomectomy for fibroid disease of the pelvic organs and leave behind structures which have and may still produce many symptoms. Menoponse cures the disease in many cases, but in others the symptoms are redoubled at this time. Often the affection brings about postponement of the menopause.

Two Cases of Conservative Cesarian Section.—PETERSEN† made use of the latitudinal incision in one case, and of the transverse fundal method in the second. In No. 1 a rachitic pelvis with conjugate diameter of 8.5 c.m. led to the operation. All went well with the exception of slight hemorrhage, which was controlled by massage and hot injections. Both mother and child made rapid progress after operation. Case No. 2 was one of general narrowing. The dimensions were slightly greater than in the foregoing. Neither mother nor child suffered as result of the operation. In fact, the only unusual circumstance was that this was the second operation of its kind in the woman's case. The author remarks that the placenta must be carefully avoided, and that the sutures must not penetrate the uterine mucosa. The fundal incision is of great service where circumstances render the longitudinal one impracticable.

HYGIENE AND BACTERIOLOGY.

How Can Phthisis be Combatted?—TONTA.‡ In this paper read before the Commission for the Prevention of Tuberculosis, in Munich, the author recommended the following means for the campaign against tuberculosis: The periodic disinfection of all places where the public are accustomed to gather in large numbers, as schools, churches, restaurants, hotels, barracks, cars, etc.; the prevention of expectoration in public conveyances; erection of special play grounds for children, which should be covered with gravel, in order that the children should not play in places where the public at large congregate; the thorough disinfection of rooms and dwellings where cases of phthisis have been lodged; the regular yearly examination of all people who attend schools, or who

*N. Y. Med. Jour., Dec. 16, 1899.
†American Jour. of Obstetrics, Dec., 1899.
‡Jour. A. M. A., Dec. 16, 1899.

*American Jour. of Obstetrics, Dec., 1899.
†Centralblatt fur. Gynäkologie, Nov. 25, 1899.
‡Berl. klin Woch., Nov. 27, 1899.

work in factories, etc.; the establishment of sanatoria for the people; hygiene instruction in tuberculosis in hospitals and sanataria, so that those who are already infected may protect others; isolation of phthisical individuals in hospitals; establishment of separated bathing institutions for those who have tuberculosis; separation of phthisical individuals in schools and the establishment of special colonies where they can be properly cared for; the education of the people in regard to tuberculosis, so that they will be willing to send their children who are affected to the country, and so to break up the foci of tuberculosis infection; the betterment of the hygiene conditions of the lower classes; disinfection of the wash of infected people; the prevention, as far as possible, of marriage of tuberculous people. By such means, the spread of tuberculosis can be greatly prevented.

Micrococcus Intertriginis, Rossbach. — M. MEYER,* after long and exhaustive researches, has been successful in isolating a micro-organism which proves beyond doubt to be the cause of erythema intertrigo. From a pronounced case, a small amount of the caseous material was introduced into the following media: petri dish—nutrient gelatin, glucose gelatin, agar; culture tube, same media; potato; milk. The growth on the different media was good, but rather slow. The growth on each is described and illustrated by numerous photographs, as is also the organism itself, highly magnified. The germ has no flagella nor spores; it is aerobic; does not reveal independent motion; occasionally the cocci heap together, and at other times they form short, chain-like threads. Specimens stain with watery anilin dyes; after Gram they decolorize, but not completely. On animals inoculated with the pure culture by scarification the disease appeared within forty-eight hours, and cultures made from these inoculations produced the same germ, which proved to be virulent to the tenth generation. The cocci grow best at body temperature; they are destroyed at 70° C., and below 10° C. Of all antiseptics which have been tried, formaldehyde, in a half per-cent. solution, seems to be the most effective in killing the germ.

On the Presence of Bacteria in Butter and Other Milk Products.—WEISSENFELD.† An examination of butter for the presence of active tubercle bacilli was made in the Bonn Hygienic Institute. The samples were taken from the markets and dairies in the neighborhood. The butter was centrifuged and then injected in the peritoneum of guinea-pigs. Of the 32 samples tested 22 produced no change in the animals experimented upon. The 20 that died as a result of the injection showed post-mortem enlargement of the spleen and liver, no enlargement of the mesenteric glands, and no evidence of peritonitis; cultures and preparations showed no organisms. Ten showed quite different results, peritonitis and presence of the tubercle bacilli. The results of the experiments are thus summarized: 20 cases showed no evidence of tuberculosis; 10 cases showed tuberculosis, 3 of which were the so-called pseudo-tuberculosis, and 7 true tuberculosis. There were further examined specimens of nutrose, eucasein, casein, plasmon or caseon. The latter contained the greatest amount of bacteria. It is evident, then, that these substances should not be regarded as indifferent, when they are used as foods, on account of containing living bacteria in so great abundance.

*N. Y. Med. Jour., Dec. 16, 1899.
†Berl. klin. Woch., Nov. 27, 1899.

INTERNAL MEDICINE.

Diphtheria.—KLEBS.* Attention must be paid to the hygienic surroundings of the patient and members of the family. Serum injections should be made in every case of suspected diphtheria. No case should be registered as diphtheria until the diagnosis has been verified by the microscopic examination. Care should be taken not to make the injection into a blood vessel. Other general treatment, especially hydropathic measures, should be instituted when indicated. Mild, non-irritating antiseptics should be applied frequently to the affected parts. The nasal passages, too, should be irrigated with these solutions.

Influence of Antitoxin Statistics.—ROSENTHAL.† The reliability of statistics depends entirely upon their sources. The statistics, however, on the antitoxin treatment of diphtheria, whatever their source, whether from hospital or private practice, have shown a great diminution in the death rate. Dr. Biggs presents the results in four of the largest cities: In Paris, before the "antitoxin period," the monthly mortality was from 108 to 180; after that period, 45 to 46. In Berlin before the period was 114 to 117, falling to 47 to 54. In New York the monthly mortality fell from 236 to 317, to 168 to 207. Chicago showed even a more remarkable fall. In Philadelphia the results have not been so satisfactory, because of the reluctance with which this treatment is taken up by many.

A Tumor of the Heart.—GEIPEL‡ recounts a case in which a sarcoma of the heart was primary; in size it corresponded to a small apple, and almost completely filled the right auricle, having as its point of origin the inter-auricular septum. Microscopically the tumor proved to be a medium-sized round-celled sarcoma, with very little ground substance. No new growth was found elsewhere in the body, nor had the symptomatology led the attending physician to suspect a

*Journal of the Am. Medical Association, Dec. 16, 1899.
†Jour. A. M. A., Dec. 16, 1899.
‡Centralblatt f. Allgemeine Pathologie u. Path. Antomie, Nov. 20, 1899.

heart lesion. In view of the rarity of cardiac tumors in general, the author appends the description of a secondary carcinoma which he found in this locality. In this instance the left auricle was filled with tumor masses, the primary growth having been in the lung. The primary tumors of the heart have, according to Giepel, a tendency to grow within the auricle, sometimes both of them being affected. Of all the secondary carcinomata of the heart muscle, it has been noted that those whose primany growth is in the esophagus are the most common. In 16 such cases the primary tumor had its origin in the esophagus no less than six times.

Typhoid Fever Complicated by Suppurating Thyroid Gland and Orchitis.—F. A. G. Murray* reports a case of typhoid fever occurring in a man 22 years old; the diagnosis was based upon the clinical symptoms and course of the disease, the condition of the temperature and pulse, the presence of rose-spots, enlarged spleen, diarrhea, positive Widal reaction, and the cultivation of typhoid bacilli from the pus of an abscess of the thyroid gland, which developed while the patient was under observation. After the temperature had been normal for twenty days, the patient had a chill and high temperature, and orchitis developed. The right testicle was red and swollen and very painful. There was no effusion in the vaginal tunic, and the testicle was very hard and tender. Under hot applications the swelling and tenderness disappeared. The patient had no urethral discharge at that time, and denied all history of venereal infection at any time. Fourteen days later the patient was discharged cured.

Diabéte Bronzé and the Pathogenesis of Diabetes Mellitus. A Case of Bronze Diabetes Preceded by Basedow's Disease.—H. W. Berg† reports a case which is of interest on account of its complications; and these complications, it is believed, throw some light upon the nature of typical cases of sugar diabetes. The patient, a German woman, 44 years old, suffered from diabetes mellitus, hypertrophic cirrhosis of the liver, bronzing of the skin, and exopthalmic goitre. Nine years before she had an attack of neurasthenia, with exophthalmic goitre; she was then fairly well till six months ago, when the symptoms of her present trouble first appeared. She began to suffer from severe thirst and palpitation, and to lose flesh rapidly. When seen, she was emaciated, there was slight thyroid enlargement, exophthalmos with tachycardia. Brown pigmented patches, surrounded by white atrophic areas of skin interspersed with small pale-brown spots, were present on left side of face, dorsum of both feet, and over the navel and left hip; no pigmentation of mucous membranes. The liver was increased in size, and extended from the sixth space to two fingers' breadth below the free border of the ribs. Urine contained 5 per cent. of sugar and acetone, and a trace of albumin. Less than twenty cases of diabéte bronzé have been reported. The views held by various authorities as to the nature and source of the pigment are discussed; the relation that the Basedow's disease presents in this patient bears to the diabetes is considered. The conclusion is reached that the presence of Basedow's disease would point to the cervical sympathetic as the lesion which has involved the abdominal sympathetic, either by direct extension through the ganglionic connection or indirectly by an affection of the medullary centre presiding over glycosuria, with descending degeneration of the sympathetic and cerebro-spinal tracts which supply the liver and pancreas.

A Preliminary Note on Antipneumococcus Serum.—McFarland and Lincoln* review the history of the "pneumococcus of Fraenkel and Weichselbaum," its distribution, pathologic lesions, etc. Attempts at immunity from pneumonia and the pneumococcus were first made by Klemperer in 1891. He succeeded in producing an immunity in animals lasting six months. Serum from patients just past the crisis, injected into those suffering from pneumonia, produced unsatisfactory results and dangerous symptoms. Washbourne and Payne obtained serum from the immunized pony, and had from its use very good results. The reaction between this serum and the bacteria corresponds with the well-known Widal phenomena. The investigations of the author have been along the same line as the experiments of Washbourne and Payne. They hope to accomplish by its use the immediate reduction of temperature, strengthening of the pulse and an early crisis. Further results will be reported later.

NERVOUS AND MENTAL DISEASES.

On the Therapy of Herpes Zoster.—Bleulek† used a cocain salve to stay the pain in herpes zoster. Much to his surprise, he noticed the eruption disappear. Since that time he has used it in all cases. In twenty-three cases the application of this substance was successful. A 1 per cent. cocain salve, with lanolin and vaselin in equal parts, is used. The salve is applied with a brush in very thin layers. Cocain seems to exert a specific influence upon the eruption.

A Case of Narcolepsy.—J. M. Maccormac.‡ A case of narcolepsy following operation on the teeth is described by Maccormac. The etiology of these cases is, as a rule, obscure, and this case is interesting because there seems no doubt as to its origin.

*Phila. Med. Jour., Dec. 16, 1899.
†N. Y. Med. Rec., Dec. 16, 1899.

*Jour. A. M. A., Dec. 15, 1899.
†Neurologlisches Centralblatt, Nov. 15, 1899.
‡Brain, Autumn, 1899.

The patient, a healthy woman, 27 years old, previously with no nervous history. Following the operation, she began to feel sleepy early in the evenings. She soon began to fall asleep in the day when she was busy at her work. During the intervals she felt bright, but could bear less fatigue. She gradually improved under tonic treatment and electricity. No symptoms pointing to hysteria or epilepsy were found. This is undoubtedly a case of true narcolepsy.

Note Upon Two Cases of Tic of the Foot.—F. RAYMOND and PIERRE JANET.* Two cases of tic with the unusual localization in the foot are here described. They both show a spasm or tic which seems to be of psychical origin, and are comparable to cases of spasmodic torticollis. In the first case the tic was in the left foot. The foot was held in the varus altitude, the great toe in forced extension, while the middle and the small toes were directed to the external side of the foot. The patient was unable to walk at times and desired an amputation. No evidence of hysteria or of any organic affection could be found. So the diagnosis of tic of a psychical origin was made. The etiology of the condition is curious. The patient was syphilitically infected at the age of 17. Seven years afterwards, on account of an eye muscle paralysis, she went through an inunction cure. At the same time the patient was suffering from a corn on the little toe of the left foot. She used some of the mercury for this also, which produced great pain and alarmed the patient, who thought that she had poisoned herself. The next day she had a contraction of the left toe and foot, and since then the condition of tic has existed. The second case is that of a man 20 years old, who, upon working for a short time, suffers great pain in the right leg. Examination of the leg was negative, and the diagnosis of tic was based upon the same grounds as in the first case. Treatment has been mainly psychical and has been completely successful in both cases—the second case, however, taking much longer. The effort was made to remove the fixed idea in both cases.

A Case of Postapoplectic Hemihypertonia.—W. G. SPILLER† reports a case which corresponds with V. Bechterew's description of hemitonia apoplectica. The patient was a girl, 19 years old. She had a normal birth and was apparently healthy till three months old. She may then have had strabismus, had repeated convulsions and the following morning was unconscious. She recovered from this attack and when she began to walk, when ten months old, the power of the right side was seen to be defective and movements were spastic. The spasticity gradually increased; paresis may have been present after the first convulsive attack, but it is questionable whether paralysis ever existed. When seen she was a well-developed woman with no distinct atrophy of any of the muscles. Her gait was a little spastic on account of the condition of the right lower limb; the right kneejerk was restrained, the left normal. The toes of the right foot were flexed, but not in a condition of contracture; it was one of tonic spasm, the degree of tonicity varying every few moments. When the right hand was at rest the fingers were slightly flexed at all articulations. On attempting to raise the right arm, the movement was accomplished readily, but the wrist became strongly flexed, the back of the hand being turned away from her body. The condition was one of tonic spasm and the spasms varied greatly in degree and were increased by excitement. The condition of hypertonicity never disappeared from the right hand, but varied in degree. The right hand and wrist were smaller than the left. There was no permanent contracture present and the movements did not resemble those of athetosis. The spasms existed in all parts of the limbs of the right side, but most marked in the distal portions, especially in the hand. The face, especially the right side, presented a spastic appearance. Speech was normal and the intelligence commensurate with the station in life. Another case is also reported which showed hypertonia produced by irritation of the central motor tract from a clot, resulting from hemorrhage after an injury to the head.

*Nouvelle Iconographie de la Salpêtrière, Sept.-Oct., 1899.
†Phila. Med. Jour., Dec. 16, 1899.

PATHOLOGY AND HISTOLOGY.

A Histogenetic New Form of Chronic Cystic Mastitis.—W. MINTZ.* Under the name of mastitis cystica chronica, Kaüg includes the conditions clinically similar, but microscopically different, of "maladie kystique de la mammelle," cystadenoma of Schimmelbusch and the interstitial mastitis. The disease develops in both breasts in the gradual formation of nodules, which are hard to the touch, but which in their further development show evidences of fluctuation. The condition may exist for a long time, without causing any especial annoyance to the patient. The present idea of the histogenesis of the disease is as follows: The epithelial part of the mammary gland possesses a productive activity in the formation of cysts, with destruction of the epithelial cells—the cysts bearing epithelial cells. In a case of mastitits chronica the author studied the formation of the cysts microscopically, and found that there were two different processes involved in their production: first a growth of epithelial cells, and second a connective tissue hypertrophy.

Investigations Upon the Pathogenesis of Diabetes.—LEO,† of Bonn, makes a preliminary report of his investigations, now covering a period of twelve years. He considers that the theory of v. Mering and Minkowski, that the pancreas has a special function

*Berl. klin. Woch., Nov. 20, 1899.
†Deutsche Medicinische Wochenschrift, Oct. 26, 1899.

in the assimilation of sugar in the body, to be proved. Their second theory, that the cause of diabetes is necessarily due to disturbance of the function of the pancreas, he does not consider proven, because in many cases of diabetes the pancreas is perfectly normal. The author's own view is that insufficient oxidation of sugar in the body when the pancreas is normal is due to the circulation of a toxic agent which has an inhibitory action upon the special function of the pancreas. In support of this view the author cites a series of experiments in which he was able to induce glycosuria in dogs by the introduction of diabetic urine, either per os or hypodermically. In every case an amount of sugar equal to that contained in the urine had previously been given without inducing glycosuria. In order to show that the glycosuria was not dependent upon the urea in the urine, this was precipitated before the urine was used. The urine of three mild cases of diabetes produced negative results; the urine of three mildly severe cases produced glycosuria of from 2 to 8 per cent. The complete report of the experiments is to appear later.

SURGERY.

Would Surgery Suffer if Iodoform Was Abolished?—BRUSH* sends out one hundred letters to surgeons of note in this country and England, asking their opinion on the use of iodoform. Various ideas and observations were expressed pro and con. The consensus of opinion seemed to point to doing away with iodoform in general use. There are circumstances, however, under which it is to be recommended. The indiscriminate use of this powder has undoubtedly done much harm. Its chief indication seems to be in tubercular and specific affections.

Rectal Adenomas.—W. M. BEACH† defines an adenoma as an hypertrophy of gland-texture. He notes briefly the nature of these growths and the value of the proctoscope in their early diagnosis and treatment. The following conclusions are reached: 1. Rectal adenomas may be hard or soft; they contain the constituent elements of the mucosa and submucosa. 2. They may be malignant or benign. 3. Benign in their origin, they may become malignant. 4. Early recognition, made possible by the newer methods of inspection, is of the first importance.

Bacteriologic Studies on Disinfection of the Hands.—KROENIG‡ advances several ideas which are often overlooked in considerations of the above subject. We cannot say that the hands are sterile because one certain medium shows nothing; it is highly possible that our skin may at the time of examination be covered with one or more forms of pathogenic bacteria which do not grow on the medium in question. So before making bacteriologic tests we must first cover our hands with germs which are known to grow upon this culture medium to be used—then apply the antiseptic. The author does not consider the brushes usually employed a sufficient aid to cleansing the hands, but gives the preference to sterilized sand. Sublimate can, he says, be rubbed into the skin until the bacteria therein contained are rendered harmless, though not completely destroyed. He concludes his remarks with the suggestion that the hands may be rendered suitable for operation by the proper use of antiseptics much weaker than those commonly employed in an improper manner.

Concerning the Structure and Function of the Kidney After Occlusion of the Renal Artery and Vein.—This long and thoroughly scientific article, by ALESSANDRI,* of Rome, may be considered in the light of an addition to the literature of surgical pathology. His conclusions are based upon a series of 44 such experiments on animals. After ligature of the pedicle en masse the kidney fails to undergo an actual necrosis as such. Still the individual epithelial cells undergo disintegration, and in consequence the organ can perform its function no longer. Collateral circulation furnishes sufficient nutriment to allow of a new connective tissue formation supplanting the diseased parenchyma. Shrinkage ensues and a cirrhotic state is the final outcome.

The Early Diagnosis of Tuberculous Joint Disease.—L. W. ELY.† The hands ordinarily should be used only to help the eye to bring out the symptoms for the eye to interpret. In the first place, for the diagnosis a history is needed; in many cases an infectious disease will have shortly preceded the symptoms, or a family history of tuberculosis will be obtained. Next will come the history of the present disease. When deformity sufficient for recognition by the parents attracts attention, the diagnosis by the physician should be a simple matter. The first characteristic of the symptoms is their gradual development; next they are essentially chronic; next they gradually grow more severe, though sometimes with slight ameliorations. A history of trauma is of little use, except to exclude fracture or dislocation; the symptoms are usually separated by a distinct interval of time from the trauma. Pain and stiffness are two important symptoms; pain is worse on motion and is likely to come in paroxysms at night. The general condition of the patient is to be noted and he is to be stripped. The attitude should be observed, and the presence or absence of deformity or of change in contour by comparison with the limb of the opposite side. Muscular spasm must be looked for, which will manifest itself by limitation of motion in the joint, as well as by visible spasm. The joints most

*Jour. A. M. A., Dec. 16, 1899.
†Phila. Med. Jour., Dec. 16, 1899.
‡Centralblätt für Gynäkologie, Nov. 11, 1899.

*Revue de Chirurgie, Sept. 10, 1899.
†N. Y. Med. Rec., Dec. 16, 1899.

liable to tuberculous disease in order of frequency of attack are: spine, hip, knee, ankle, elbow, wrist and shoulder. The diagnosis of these is considered somewhat in detail.

Distilled Water and Boiling for the Sterilization of Surgical Instruments. — ROGERS* recommends the use of simple distilled water in the sterilization of instruments. If the water is absolutely pure, such as is used by the chemist in careful analytic work, then the most delicate metal instrument may be boiled with impunity without dulling the edge. Ten minutes suffices, however. Ivory handles will also stand this treatment. The instruments must be removed before cooling, otherwise rusting takes place. Soda and other chemicals cause a deposit on the surface of the instrument and at the same time dull the edges. Chemical sterilization has proven unsatisfactory. The formalin method, as recommended by Lippincott, gives fairly good results, and is probably the best chemical method of sterilization.

The Radical Operation for Inguinal Hernia in Infants.—FRAENKEL,† of Vienna, can hardly understand from the literature on the subject just why the surgeons have as a rule discouraged operations for hernia within the first year. The frequently-mentioned tendency of these herniæ to disappear as result of the child wearing a proper support is really not so often realized in practice. Such children suffer in moral and mental development from the fact that they are, on account of the rupture, kept from following natural inclinations to play and grow up unrestrained as do their little neighbors. A well-timed comment on the spontaneous healing of hernia is seen in the reappearance of umbilical hernia, when in later life pregnancy or excessive increase in weight enters as a factor in the case. Fraenkel has determined to treat children just as he does adults similarly affected. He has operated on 68 patients, of whom 16 were children, and he is delighted with his results. The skin affections resulting from the pressure of a bandage made filthy by urine or excrement is as harmful as the operative procedure. Just as a hare-lip, by hindering mastication, etc., may tend to cause intestinal disturbance, so may a hernia, by impairing circulation and motility of the intestines, have a similar effect. This is an example of "circulus vitiosus," for here the metorismus, straining, etc., consequent upon enteritis, combine to make a hernia worse. Bassini's method has been most used by the author. The article closes with the remark that hernia is to be operated in a child as early as possible, by all means within the first year of its life. [The excellence of the original can only be hinted at in a short review; it must be read in full to be appreciated, and is most warmly recommended to the surgeon's notice.—REVIEWER.]

*Jour. A. M. A., Dec 16, 1899.
†Centralblatt für Chirurgie, Nov. 25, 1899.

Book Reviews

The Courier of Medicine Pocket Reference Book and Visiting List. Price 75 cents.

A very convenient visiting list and ready reference book.

American Pocket Medical Dictionary. Edited by W. A. NEWMAN DORLAND, A.M., M.D. Second Edition, Revised. Philadelphia: W. B. Saunders, 925 Walnut Street.

This is a neat leather-covered volume of 518 pages, in which are considered 26,000 words, with their pronunciation. Among the 60 tables included are many of value to student and practitioner alike; that on doses contains the same in both systems of weights. All the "weights and measures" are given in convenient form, and at the same time rules for converting the same. The print is exceedingly clear and many of the definitions larger than those usually found in more pretentious works.

The Physician's Visiting List for 1900. Philadelphia: P. Blakiston Son & Co.

The above named pocket edition has a capacity of record for 25 patients per week, is interleaved and presents space for many special memoranda. Several pages are set apart for obstetric accounts or records, while a neatly arranged table assists in the calculation of the period of utero-gestation.

The Hygiene of Transmissible Diseases, their causation, modes of dissemination and methods of prevention. By A. C. ABBOTT. W. B. Saunders. 1899. $2.00.

The book contains in a plain, popular form a compilation of well-known facts, which should prove of some benefit for the dissemination of knowledge on the subject treated. This, in fact, seems to be the only purpose of the author, as he has absolutely refrained from entering into any intricate features of hygienic science. While the book has evidently been made up for more popular service, we have been in the habit of seeing the author's name affixed to more weighty and original contributions to medical literature.

Surgery. A treatise for students and practitioners. By THOMAS PICKERING PICK. Longmans, Green & Co. of London, New York and Bombay.

This work is divided into four sections, on Inflammation, General Injuries, General Diseases, and Injuries and Diseases of Special Tissues and Organs. In an appendix the amputations are discussed, and withal it may be said that the whole subject of surgery is about as exhaustively treated as can be done in one volume. It consists of 1176 pages and 440 illustrations; these latter, it may be said, are not quite up to what books of similar pretentions are

putting on the market to-day. What the illustrations lack from an artistic point of view is, however, made up for by their actual worth as examples of the unusual in surgical gross pathology, many of them being original and taken from the rich material of St. George's Hospital.

The chapter upon surgery of the nerves after injury, though short, is deserving of especial mention; it embraces the newer teachings as regards nerve suture, etc.

In length, the book may be, perhaps, best suited to the student's requirements. Still, as far as the wants of the graduate are concerned, one can not say that it is, as far as treatment is concerned, as complete as might be desired.

A Treatise on Surgery. By American authors. Edited by ROSWELL PARK, A.M., M.D. Condensed edition, with revisions. Lea Brothers & Co., New York and Philadelphia. 1899.

The above large work deserves and demands consideration, as it covers the subject in a way in which no single author can hope.

Twenty-eight American surgeons have contributed the component chapters, among them the late Dr. Mudd. This ambitious production includes 1,262 pages and 625 engravings, of which 37 are full pages, and many colored.

The greater number of the chapters have been written by Park himself, those in surgical pathology being especially deserving of mention.

The practitioner really gains in this one volume what is often considered the scope of two separate works, combining, as it does, the principles as well as the practice of surgery; or, more properly speaking, it unites general surgery and special surgery.

Strictly in keeping with the requirements of the student of to-day, is the chapter on "auto-infection in surgical patients," written by Park. More of the plates than is usual are given to the study of questions in minute pathologic anatomy, while an unusual number of the engravings, generally speaking, are original, a matter especially worthy of commendation. It can not be said that the book really contains much that is absolutely novel, but it presents, in a most pleasing form and lucid manner, the well-known facts which are of importance to the general practitioner.

We are told that in Greater New York it has been decreed that hereafter no chimney in that town shall emit cinders, smoke, dust, or gases. With these prohibitions, we do not see what use the chimney will be.

Died, of acute Bright's disease, Nov. 22d, 1899, at the residence of her brother, M. B. Cooper of Garner, Iowa, Mrs. Athalia Cooper Daly, wife of Dr. W. H. Daly of Pittsburgh, Pa.

Practical Therapeutics.

Some Therapuetic Measures Other than Medicaments.—JOHNSON* calls attention to the fact that therapy has not reference to drugs alone. Through the employment of mechanical and other means, the use of drugs and their ill-effects can be frequently avoided. The hot-pack, steam or vapor baths, hot drinks, etc., will frequently take the place of pilocarpin. The massage and bandage are more effective in "drying up" the mammary secretions than is atropin. The rest procured through strapping the affected side in pleurisy yields more satisfactory results than the use of opium, and does not constipate. Cold to the head, warm baths, the mustard pack, flushing the bowels, removal of the cause, a swollen gum or overloaded stomach, etc., readily replace the bromides and chloral in the convulsions of infants. Packing the uterus has checked many a hemorrhage that ergot could not control. Mental rest and diversion often accomplish what nerve sedatives cannot. The Schott treatment in heart diseases is daily yielding splendid results.

An Improved Method for the Control of High Temperature of the Human Body.—C. C. BOOTH† describes his method as follows: The patient is stripped entirely of all clothing, placed upon a rubber sheet and covered with one thickness of a piece of cheese-cloth two yards long and the usual width, one end having been split so that each leg can be covered separately. A nurse is directed to squeeze water at about the temperature of the body from a sponge over the entire anterior surface of the body and to wet the gauze freely as often as necessary to supply the water for evaporation. A case of typhoid fever with persistent high temperature is reported in which this method was used. From the beginning of treatment the pulse, nervous system, temperature, strength and every symptom rapidly improved. The idea originated upon observing the depression of the wet bulb of a wet and dry bulb hygrometer caused by the evaporation of the water from the gauze, which is applied tightly to the bulb containing the mercury. All that is claimed for this method is that it is more convenient, more easily applied, less dangerous, cheaper and pleasanter to the patient than any other method. The gauze is to be kept wet until the temperature is reduced to normal.

An Injustice.—Probably no drug has been more unjustly maligned than erythroxylon coca. Yet no drug has really rendered more aid to therapeutics, as demonstrated in the many writings by authors, botanists and medical observers during the past century. At the time of the Incas (twelfth century), long before

*Therapeutic Gazette, Nov. 15, 1899.

†Phila. Med. Jour., Dec. 9, 1899.

the discovery of Peru by Pizzarro (1524), coca was in extensive use. It rendered the greatest of service as a restorative, a fortifier, a sustainer. It was entirely depended upon to insure resistance to disease, fatigue, hardships or toil. For centuries coca proved its usefulness and merit; it so has continued, notwithstanding the systematic series of attacks instigated in the sensational press about three years ago by malicious persons who had special interests in endeavoring to bring coca into disrepute, if possible to dissuade its use. The fast growing popularity of coca through the untiring efforts of Mariani, of Paris, who was the first to introduce it in Europe and in America in a uniformly reliable and agreeable form, and his labor and serious work in this direction were appreciated by the medical profession.* His preparation has become a most formidable rival to the many so-called tonics, restoratives and stimulants. When it was clearly demonstrated that coca was vastly superior and was being adopted universally by the physician, each manufacturer hastened to add coca in some form or another to their various mixtures. While this was an admission of the value of coca, it really injured its reputation, owing to the defective preparations produced. Unsatisfactory, even harmful, results induced the profession to reject the many valueless, at times dangerous, concoctions. An active campaign was opened against coca in the medical and daily press. Sensational articles without any basis of fact were instigated, with the dual purpose of inciting the opinion of the physician and the public against the drug, and thus prevent its use. The manufacturers had no knowledge of the requisite treatment and preparation of this delicate, probably most volatile of plants—in fact, were unable to procure reliable leaves, there being even a vastly greater variation than in tea. Due to aforesaid causes, the manufacturers were compelled to or voluntarily stopped the use of coca, thus proving again the old saying, "the survival of the fittest," as, notwithstanding the combined efforts of the many competitors and antagonists, the well-known preparation of coca by Mariani of Paris, France, which bears his name, is one which has truly resisted all attacks directed against coca. Introduced to the profession more than thirty-five years ago, it stands without an equal, and continues to be endorsed and upheld by all who subject it to thorough test. It certainly merits the attention of practitioners who for any of the aforesaid reasons may have not considered coca in its true light, or who may have become prejudiced. Mariani's coca can be conscientiously recommended; its adoption into practice as an adjuvant in treatment of the innumerable cases where an absolutely reliable tonic, effective but mild stimulant, is indicated, will render more assistance than any drug or medium known to therapeutics. Its field of usefulness will gain for coca in the form of a reliable preparation, as great, or if possible, even a greater reputation in the future than it enjoyed at the time of the Incas.

*Mariani's latest monograph on Coca (English translation), illustrated, cloth bound, 76 pages, sent, post-paid, to any physician, on application to Mariani, 52 West 15th Street, New York.

Publisher's Department

Indigestion, Acute or Chronic.—William R. Warner & Co. of Philadelphia are willing to send a complimentary copy of their book, "The Clinical Application of Ingluvin," by John V. Shoemaker, M.D., Professor of Therapeutics Medico-Chirurgical College, Philadelphia, to any one who applies for a copy. It is a very interesting book, beautifully printed on coated paper. Messrs. Warner & Co., who are the pioneer manufacturers of sugar-coated pills, are also issuing exceedingly interesting booklets: "The Acid Diathesis," "The History of Sugar-Coated Pills," "A Study of Rheumatism," "A Study of Constipation," etc. Any of them will be sent free upon request. Of course each of the books will tell you why it is desirable to specify "W. R. W. & Co." when ordering any of the remedies suggested in the booklets, and the reasons are very good ones. Manufacturing as they do the highest quality of pharmaceuticals, physicians certainly secure first-class remedies when they specify Wm. R. Warner & Co.

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